PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2005			03-465-D (400.151)		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Filad, April 40, 2004		
Application Number: 10/826,966  For: RNA Interference Mediated Inhibition of Gene Expression Using Chemica			Filed: April 16, 2004		
Tor. KNA interference Mediated inhibition of Gene Ex	pression osing o	110111100		ort interioring	Tracicio Acia (SirvA)
Art Unit 1635			Examiner Terra C. Gibbs		
This is a request under the provisions of 37 CFR 1.13 application.	86(a) to extend the	e perio	d for filing a rep	ly in the above	e identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
<u>Fee</u> <u>Sn</u>			nall Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120		\$60	\$	
☑ Two months (37 CFR 1.17(a)(2))	\$450		\$225	\$	225.00
☐ Three months (37 CFR 1.17(a)(3))	\$1020		\$510	\$	
☐ Four months (37 CFR 1.17(a)(4))	\$1590		\$795	\$	
☐ Five months (37 CFR 1.17(a)(5))	\$2160		\$1080	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
☐ Payment by credit card. Form PTO-2038 is	attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge to Deposit Account Number 13-2490. I have					overpayment,
WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number <u>37,142</u>					
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34					
/Michael S. Greenfield/		March 23, 2	007		
Signature Michael S. Greenfield		312-913-000	Date		
Typed or printed name		Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the el signature is required, see below.	ntire interest or their re	presenta	tive(s) are required.	Submit multiple fo	orms if more than one
☐ Total of <u>1</u> forms are submitted.					